Assessing Individuals with Neurodevelopmental and Neurocognitive Disorders

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Donna L. Robinson, Ph.D.

Neurodevelopmental Disorders

- Age of onset prior to 18
- Intellectual Disability
- Autism Spectrum Disorder
- Cerebral Palsy
- Epilepsy

Neurocognitive Disorders

Age of onset can be at anytime during the lifespan

All neurocognitive disorders are based on defined cognitive domains:

- Complex Attention
- Executive Function
- Learning and Memory
- Language
- Perceptual-Motor
- Social Cognition

Potential Causes of Neurocognitive Disorders

- Alzheimer's Disease
- Frontotemporal Lobar Degeneration
- Vascular Disease
- Traumatic Brain Injury
- Substance Use
- HIV Infection
- Parkinson’s Disease
- Huntington’s Disease
- Other Medical Condition

Developmental Disabilities Programs (DDP)

- Inclusion criteria in CDCR is broader than community standards:
- Cognitive scores
- Concurrent deficits/impairment in adaptive functions
- Learning disabilities and/or illiteracy NOT included

Placement in DDP

- Phase I – Cognitive Screening
- Phase II – Determine Adaptive Deficits
- Phase III – Placement in appropriate DDP Level

How do these disorders relate to violence risk?

- Structured Professional Judgement (SPJ)

- "Most basically, the primary purpose of SPJ instruments is to identify important risk factors that are present for a given person, and to facilitate the identification of risk management strategies that are logically linked to those risk factors, that if implemented, likely will reduce or mitigate risk (Douglas, 2009)."

Violence Defined

History, Clinical, Risk Management (HCR-20 V3)

A person engaged in an act (or omission) with some degree of willfulness that caused physical harm or had the potential to cause harm to another person or persons.

Violence Defined

1. Focus: behaviors that cause, or have the potential to cause physical or serious psychological harm;
2. Harm: must affect one or more people aside from the actor, whether known to the actor or not;
3. Diverse behaviors qualify: completed acts, incomplete, attempted, omissions, communicative acts, and/or collective acts – singular incident or pattern over long period of time;
4. Common features: purposeful, more than accidental or reflexive; and
5. Behavior not sanctioned: no consent from others and/or no legal authorization.

Developmental Disabilities and Violence Risk

- Persons with developmental disabilities ***do not*** represent an appreciably higher risk of violent recidivism than non-disabled persons.

- Why not?

Intellectual Disability vs No Disability

In comparison with non-offenders, the general offender population tends to have:

- Lower measured intelligence
- Less education
- Come from lower socioeconomic status
- Experienced familial instability

True Differences: Offenders with Intellectual Disability

Will tend to display deficits in the following areas:

- Reasoning
- Judgement
- Understanding complexity

Autism Spectrum Disorder (ASD)

ASD, by itself, does ***not*** tend to predict violence.

ASD may be a concomitant issue with other disorders that would better account for violence potential.

Heterogeneous Population

There is no “one size fits all” for individuals of any disability group; therefore, violence risk assessment must be individualized.

Areas to assess:

- What was this individual’s role in the life crime?
- What has his/her conduct been in custody?
- In what programs and/or self-help groups have they participated?

What skills can be learned that may reduce violence risk?

- Anger management
- Stress reduction/ relaxation techniques
- Social skills
- Self-care skills
- Work skills

Enhance Communication

- Slow down!
- Context is important.
- Repetition is helpful.
- Use simple words and sentences.
- Check for understanding frequently.
- Provide opportunities to initiate topics.
- Offer suggestions, prompting, rephrasing of the individual's words/ideas.
- Be attentive to non-verbal signs.
- Ask one question at a time.
- Use both open-ended and closed questions.
- Avoid compound/complex questions.
- Take more frequent breaks if needed.

Goals Must Be Realistic

- Intelligence – stable construct across the lifespan.
- Attainment of GED in most cases is not likely doable.
- Work skills that are routine and repetitive are typically the best match.
- Communicating abstract, complex, or nuanced concepts such as remorse, empathy, and insight will be much more simply stated.
- Expect to use prompts more frequently.
- Use concrete examples.

Assessing Parole Plans

- Strong, prosocial support
- Regional Center services
- Resources available/verified
- Transitional residential programs equipped to mentor/care for individuals with developmental disabilities
- Parole terms and conditions explained in simple language

Adults with Neurocognitive Disorders and Violence Risk

- Alzheimer's Dementia
- Vascular Dementia
- AIDS Dementia
- Frontal lobe brain injury/tumor/disease
- Temporal lobe brain injury/tumor/disease

Why these neurocognitive disorders?

- Most criminal offenses in older persons are minor.
- When violence occurs, it is often associated with limbic system and temporal lobe dysfunction.
- Frontal lobe lesions tended to show more aggressive and violent behaviors.

Dementia and Violence Risk
Possible Issues to Manage

- Impaired moral judgements
- Decline in social interpersonal conduct
- Transgression of social norms
- Possible antisocial acts
- Deficits in real-life tasks demanding judgement, awareness of socially appropriate conduct, and the capacity to assess future consequences

Instrumental vs Reactive Violence

- Instrumental violence – in service to a goal
- Reactive violence – a consequence of frustration
  - Physical assaults – misperceptions or frank delusions
  - Sex, ethnic group, social class did not differ
  - Alcohol use increases violence for dementia patients
  - Higher levels of physical aggression/violence against partners/spouse

Assessing Violence Risk for Adults with Neurocognitive Disorders

- Always based on individual presentation
- Sources of information:
  - Medical records/UHR clinical notes
  - Disciplinary history
  - Recency and frequency of violence in custody
  - Increase in violent incidents?

Assessing Parole Plans

- With whom will the person live?
- What medical and/or supervision resources will be provided?
- What financial resources is the individual entitled to receive?
- Ensure no access to weapons.
- Ensure no access to alcohol/drugs.
- What social support/resources are in place to assist this individual?

FAD Evaluators Pay Particular Attention to Issues for Older Individuals

- Advanced age and cognitive abilities
- Effects of long-term confinement
- Diminished physical condition
- The unique risk factors for this individual

Final Thoughts…

- Neurodevelopmental Disorders can be safely and effectively managed in the community.
- Neurocognitive Disorders can be safely and effectively managed in the community.
- Violence risk assessment is always an individualized process that considers the variables that are relevant to an *individual* in a *specific context*.